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Civil War

9-1861

Leach, Silas

Adjutant General

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FORM FOR EXAMINING A RECRUIT.

NAME *Silas Leach*, age _____, occupation _____
_____, born in _____.

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *None.*
2. Have you any disease of throat, or difficulty of utterance? *None.*
3. Have you any disease of Lungs or Heart? *No.*
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? *No.*
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office? *No.*
6. Have you been vaccinated within seven years?

REMARKS.

DATE: *Sept-*

RENDEZVOUS: *Orland Me*

Geo. A. Wheeler Examining Surgeon.